

STATE OF MARYLAND



Andrew N. Pollak, MD  
CHAIRMAN

Ben Steffen  
EXECUTIVE DIRECTOR

**MARYLAND HEALTH CARE COMMISSION**

4160 PATTERSON AVENUE – BALTIMORE, MARYLAND 21215  
TELEPHONE: 410-764-3460 FAX: 410-358-1236

April 29, 2021

**VIA E-MAIL**

Jessica Farrar, Vice President of Strategic Planning and Decision Support  
Luminis Health  
2001 Medical Parkway  
Annapolis, Maryland 21401

Re: Luminis Health Doctor's Community Medical Center Application for Certificate of Need to establish a 16-Bed Adult Psychiatric Unit in Prince George's County, Maryland  
Matter No. 21-16-2448

Dear Ms. Farrar:

Commission staff has reviewed the application from the Luminis Health Doctors Community Medical Center (The Applicant) for Certificate of Need (CON) approval to establish a 16-bed adult inpatient psychiatric unit at Doctors Community Medical Center in Prince George's County. The total project cost is estimated to be \$7,787,303. Staff found the application incomplete, and, accordingly, requests that you provide responses to the following questions:

**Part 1 Introduction**

1. In the Brief Project Description (p. 4), the application states that 80 % of the service population is diverse. Provide a demographic description of the population to be served by this project.

2. In the Brief Project Description (p. 5), the application states that there is a comprehensive care facility (CCF) on campus. Is this the CCF that previously occupied the second floor where the psychiatric unit is to be built? Will the facility refer any patients to this CCF post discharge?

## **Background**

3. Provide an inventory of adult psych beds currently in Prince George's County and the Southern Planning Region, both before and after project completion. Include changes in bed numbers after the completion of the new Prince George's Regional Medical Center.

## **Part II Proposed Project and Its Impact**

4. The proposed project (p. 10) calls for a warm hand-off to continuing care and a relationship with a clinician across the continuum of care. Will there be follow up on patients post-release, and if so, for how long will patient's progress be followed?
5. The application states (p.12) that the facility will treat adolescents under the partial hospitalization program, but not in the inpatient program. Provide the rationale for serving only adult patients at the new facility. Where will the adolescents treated in partial hospitalization be transferred to if inpatient care is needed?
6. The application states (p. 13) that the new facility will work with community-based services as part of the continuum of behavioral health services. Provide a list of organizations that have agreed to accept referrals from the facility.

## **Facility details**

7. Apart from upgraded windows, describe any other specialized safety features that will be included in the building plan, especially as the facility will be accommodating involuntary admissions.

## **Part IV Consistency with General Review Criteria at COMAR 10.24.01.08G(3)**

### **Need**

8. The application (p. 29) points to the COVID pandemic as a rationale for more psych beds in PG county. As the facility will not open until 2023, explain why the pandemic will still be a driver of patient admissions.

9. In calculating cost of care differentials (p. 45), the application states that Sheppard Pratt's charge per case is \$1,432 per case higher than at psychiatric units at community hospitals. As previously stated in the application, (p. 28), Sheppard Pratt treats a patient population eligible for care at LHDCMC, as well as specialized populations that may require more costly care. Provide a comparison of costs for LHDCMC-eligible patients at Sheppard Pratt and the proposed facility.
10. Explain the projection (p. 45) that 95% of discharges will be from Prince George's County. Will the facility preferentially admit individuals residing in the county?
11. Provide the assumptions that resulted in the projection that the proposed facility would garner a 19% market share in Prince George's County. (P.46)

### **Cost Effective Alternatives**

12. Explain why existing facilities and population health initiatives would not be a cost-effective way to provide services in Prince George's County.

### **Impact on Existing Providers**

13. In the staffing plan (p.55), the application states that staffing needs will be met "with the allure of a 'new' facility that is state of the art." Given this "allure," explain the impact of the new facility on the staffing levels of existing providers.

### **Acute Care Standards**

### **Information Regarding Charges**

14. The update available on the website is dated January 2021. According to the standard, these pages should be updated quarterly. The updated April 2021 charges should be posted before May 1st.

## Charity Care

15. Provide the following information concerning your charity care policies and procedures:

REQUIRED PROVISION	GUIDANCE FOR APPLICANTS
<p>Each hospital shall have a written policy for the provision of charity care for indigent patients to ensure access to services regardless of an individual's ability to pay.</p> <p>(a) The policy shall provide:</p>	<p>Provide exact quote from the policy that covers this provision, and provide the section citation...in addition, provide the responses indicated in each cell below.</p>
<p>(i) <b>Determination of Probable Eligibility.</b></p> <p><b>Within two business days following a patient's request for charity care services, application for medical assistance, or both, the hospital must make a determination of probable eligibility.</b></p>	<p>Policy must guarantee a determination of probable eligibility within two business days of request for charity/reduced fee care or application for Medicaid</p> <p>Quote the specific language from the policy that describes the determination <i>of probable eligibility</i> (and give a citation to the location within the policy).</p> <p>Provide copies of any application and/or other forms involved in the process for making a determination of probable eligibility within two business days.</p> <p>Describe your procedure for making a final determination, including defining any documentation required.</p> <p><i>Note that requiring a completed application with documentation does not comply with this standard, which is intended to ensure that a procedure is in place to inform a potential charity/reduced fee care recipient of his/her probable eligibility within two business days of initial inquiry or application for Medicaid based on a simple and expeditious process.</i></p> <p><i>A two-step process that allows for a probable determination to be communicated within two days based on an abridged set of information, followed by a final determination based on a completed application with the required documentation is permissible. But the policy must include the more easily navigated determination of probable eligibility.</i></p>

REQUIRED PROVISION	GUIDANCE FOR APPLICANTS
<p><b>(ii) Minimum Required Notice of Charity Care Policy.</b></p> <p><b>1. Public notice of information regarding the hospital's charity care policy shall be distributed through methods designed to best reach the target population and in a format understandable by the target population on an annual basis;</b></p>	<p>Quote the specific language from the policy that describes the method of implementing and provide a sample for each communications vehicle(s).</p> <p>Provide examples of the public information tools.</p>
<p><b>2. Notices regarding the hospital's charity care policy shall be posted in the admissions office, business office, and emergency department areas within the hospital.</b></p>	<p>Provide copies of postings.</p>
<p><b>3. Individual notice regarding the hospital's charity care policy shall be provided at the time of preadmission or admission to each person who seeks services in the hospital.</b></p>	<p>Quote from policy with section citation</p>
<p><b>(b) A hospital with a level of charity care, defined as the percentage of total operating expenses that falls within the bottom quartile of all hospitals, as reported in the most recent Health Service Cost Review Commission Community Benefit Report, shall demonstrate that its level of charity care is appropriate to the needs of its service area population.</b></p>	<p>If level of charity care is in bottom quartile, provide rationale/explanation for this variance.</p>

16. Provide a copy of the “patient guide” (containing financial assistance information) that is in each inpatient room. (P.63)

### **Quality**

17. The current quality ratings for the applicant show worse than average scores for (1) staff flu vaccination rates; (2) How quickly patients received help from staff; and (3) How often the area around patient’s rooms was kept quiet at night. Provide a performance improvement plan for these measures.

### **Psychiatric Standards**

#### **AP2A**

18. The application states that the facility will have physician coverage 24 hours a day/7 days a week, yet the staffing plan (Table H) calls for just 2 new physicians. How will the facility provide the round the clock physician coverage with the low level of staffing?

#### **AP2B**

19. Does the facility plan to receive a designation by the Maryland Department of Health to provide evaluations of individuals brought in on emergency petition? If so, when does the facility plan to receive this designation?

#### **Ap2C**

20. The application states that the current emergency department does not include a seclusion room. How does the hospital currently deal with patients requiring de-escalation in the absence of a seclusion room?

#### **AP3A**

21. Please affirm that the facility will provide each of the services in the standard including chemotherapy, individual therapy, group therapy, family therapy, social services, and adjunct therapies. (P.67)

**AP6**

22. The standard requires separate quality assurance programs for specialized populations that will be served. Provide quality assurance programs for individuals with a secondary diagnosis of substance use and for geriatric patients.

**AP11**

23. While a chart is including comparing inpatient charges for the new facility compared to state averages, the standard requires that the costs must be compared to those in the local planning region. Provide a chart showing a comparison of the proposed facility charges as compared to charges in the local planning region.

**AP13**

24. Confirm that discharge planning includes the possibility of referrals to long term psychiatric care.

**Tables**

25. Table F. The Psychiatric beds proposed in the project appear on the line for Obstetric services. Provide a corrected Table F.
26. Table G/H – Provide a breakdown/description of “other” revenues (line 1f) and expenses (line 2j)

Should you have any questions regarding this matter, feel free to contact me at (203) 715-3307.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Moira Lawson', with a stylized, flowing script.

Moira Lawson, Ph.D. MPH  
Program Manager, Certificate of Need

cc: Ernest L. Carter, M.D., PhD, Prince George's County Health Officer  
Marta Harding, Venable, LLP  
Suellen Wideman, Assistant Attorney General  
Kevin McDonald, Chief, Certificate of Need  
Jeanne-Marie Gawel, Program Manager MHCC